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| COMBINED DECLAI | | ATTORNEY'S DOCKET PR60156USw | | | |
| APPLICATION WITH | First Names Inventor: CHEUNG | | | | |
| | | | | Complete if known: | |
| | | | | App No.: | |
| () Declaration submitted with initial | filing or | • | | | |
| () Declaration submitted after initial | filing (surcharge | required 37CFR1.16(e)) | | Filing Date | |
| | | | | Group Art Unit: | |
| | | | | | |
| As below named | l inventor. I here | eby declare that: | | | |
| My residence, post office | address and citi | zenship are as stated bel | ow next to my name. | | |
| | | | ne is listed below) or an original, fairmed and for which a patent is so | | |
| | | IMIDAZOTRIAZINE | COMPOUNDS | | |
| the specification of which | | | | | |
| []is attached hereto. OR | | | | | |
| • | as Uni | ited States application Se | erial No or PCT I | nternational | |
| Application Number BC | T/IIIOA/00EE2 | Flad March 20, 2004 and | d was amanded on (MM/DD/VVV | 777) | |
| | applicable) | med <u>ivialen 29, 2004</u> and | d was amended on (MM/DD/YYY | 11) | |
| I hereby state that I have as amended by any amend | | | the above-identified specification | , including the claims, | |
| I acknowledge the duty to | disclose inform | ation which is material t | o patentability as defined in 37 Cl | FR §1.56. | |
| I hereby claim foreign priority ben | efits under 35 U | .S.C. §119 (a)-(d) or §36 | 55(b) of any foreign applications(s | s) for patent or | |
| inventor's certificate or 365(a) of a | ny PCT internati | ional application which o | designated at least one country oth | ner than the United | |
| States of America, listed below an certificate or of any PCT internation | | | | | |
| PRIOR FOREIGN AND ANY P | RIORITY CLA | IMS UNDER 35 U.S.C | C. 119: | | |
| Prior Foreign Application | | Country | Foreign Filing Date | PRIORITY | |
| Number (s) 1. | | | (MM/DD/YYYY)) | CLAIMED | |
| 2. | | | | | |
| 3. | | | | | |
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| 5. | | | | | |
| I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: | | | | | |
| Application No. 1. 60/459,293 | | | e (MM/DD/YYYY) 4/01/2003 | | |
| 1. 60/459,293 2. | | <u> </u> | 1/01/2003 | | |
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBE PR60156USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| | | | STATUS (Check | one) | | |
|--|------------------------------------|----------|---------------------|-----------|--|--|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED | | |
| | | | | | | |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462 | | | | | | |
| Address all correspondence and telephone of | calls to Customer Number 23. | 347 | Direct Telephone Ca | ills to: | | |
| David J. Levy Corporate Intellectual Property | | | 1 | nn Morgan | | |
| GlaxoSmithKline | | 919 | 483-8222 | | | |
| Five Moore Drive, PO Box 13398 | | | | | | |
| Research Triangle Park, NC 27709-339 | 8 | | | | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| - | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|----------|-------------|--------------------------------|--------------------------|---------------------------|
| 2 | OF INVENTOR | CHEUNG | Mui | |
| 2 | | Signature | Wat | Date: |
| | INVENTOR'S | Signature | | Date. |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| ŀ | CITIZENSHIP | Durham | NC | CN |
| Ì | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 1 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KING | Nigel | Paul |
| 1 | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 1 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Harlow | Essex, UK | GB |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 2 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| 1 | | Five Moore Drive, PO Box 13398 | | |
| <u> </u> | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KUNTZ 1 1 | Ķevin | Wayne |
| | INVENTOR'S | Signature /// a / | | Date: 1 2 4 /0.// |
| | SIGNATURE | 1 (- Wayno M | <u> </u> | 1 5/50/04 |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | RC | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 3 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |

| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|-----|-------------|--------------------------------|--------------------------|---------------------------|
| 2 | OF INVENTOR | MOOK, Jr. | Robert | Anthony CAM |
| | INVENTOR'S | Signature | m 1 1 - | Date: August & Zeoy |
| | SIGNATURE | Yoked Anthon | y mook for | bugun 50, cooy |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 4 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | POBANZ | Mark . | Andrew |
| 1 | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Westfield | IN | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 5 | ADDRESS | 3845 Earhart Drive | Westfield | Indiana 46074, US |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | SALOVICH | James | Michael |
| | INVENTOR'S | Signature | | Date: |
| ł | SIGNATURE | | <u>.</u> . | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | US |
| 1 . | POST OFFICE | POST OFFICE ADDRESS | СПУ | STATE & ZIP CODE/COUNTRY |
| 6 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | WILSON | Brian | John |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | <u> </u> | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | CA |
| _ | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 7 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |

| COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PI | | | | | NEY'S DOCKET |
|---|--|---|---|---------------------------|---------------------------|
| APPLICATION WITH POWER OF ATTORNEY | | | | | nes Inventor: |
| | | | | | ete if known: |
| () Declaration submitted with initia | l filing or | | | | |
| () Declaration submitted after initia | l filing (surcharge | required 37CFR1.16(e)) | - | Filing I | Date |
| | | | | Group A | Art Unit: |
| As below name | d inventor. I here | eby declare that: | | | |
| My residence, post office | e address and citi | zenship are as stated bel | ow next to my name. | | |
| | | | e is listed below) or an original, fairmed and for which a patent is so | | |
| the specification of which | | IMIDAZOTRIAZINE (e item below): | COMPOUNDS | | |
| []is attached hereto. OR | | | | | |
| [x] was filed on | as Uni | ited States application Se | erial No or PCT I | nternation | al . |
| | T/US04/09553 (applicable) | filed <u>March 29, 2004</u> and | d was amended on (MM/DD/YYY | YY) | i |
| I hereby state that I have as amended by any amen | | | the above-identified specification | , including | g the claims, |
| I acknowledge the duty to | o disclose inform | ation which is material to | patentability as defined in 37 Cl | FR §1.56. | |
| I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation | any PCT internated have also ident on a lapplication leads to the second | ional application which o ified below, by checking naving a filing date befor | lesignated at least one country of the box, any foreign application to that of the application on which | her than th for patent | e United or inventor's |
| PRIOR FOREIGN AND ANY F Prior Foreign Application | | Country | Foreign Filing Date | | PRIORITY |
| Number (s) | | | (MM/DD/YYYY)) | | CLAIMED |
| 1. 2. | | | | + | |
| 3. | | | | | |
| 4. 5. | | | | | |
| | itle 35 United St | ates Code \$110(e) of any | / United States provinienal applie | otion(a) li | ated below |
| hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) | | | | | |
| 1. 60/459,293 2. | | | | | |
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER PR60156USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| | | | STATUS (CHECK | one) |
|--|------------------------------------|----------|---------------|----------------------------------|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
| | | | | |
| POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bus Customer Number 23347 and Customer Number | siness in the Patent and Trademark | | | provided below to |
| Address all correspondence and telephone of David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 | _ | 347 | | lls to: nn Morgan 183-8222 |
| Research Triangle Park, NC 27709-339 | 8 | | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|---|------------------|--------------------------------|--------------------------|---------------------------|
| 2 | OF INVENTOR | CHEUNG | Mui | |
| | INVENTOR'S | Signature (| | Date: 7/1/04 |
| | SIGNATURE | Signature a.e. | | 71/04 |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | CN |
| | POST OFFICE | POST OFFICE ADDRESS | СПУ | STATE & ZIP CODE/COUNTRY |
| 1 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | i - | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KING | Nigel | Paul |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Harlow | Essex, UK | GB |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 2 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | er ar war on the | Five Moore Drive, PO Box 13398 | | 1.5 |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KUNTZ | Kevin | Wayne |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 3 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |

| | THE MANGE | FAMILY NAME | FIRST CHIMNIALAND | Tongo in a series of the serie |
|-------|-------------|--------------------------------|--------------------------|--|
| | FULL NAME | MOOK, Jr. | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | | Robert | Anthony |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 4 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | POBANZ | Mark | Andrew |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | 1 | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Westfield | IN | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 5 | ADDRESS | 3845 Earhart Drive | Westfield | Indiana 46074, US |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | SALOVICH // | James | Michael |
| _ | INVENTOR'S | Signature 0 | .// | Date: |
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| 0 | RESIDENCE & | EITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | US |
| V. 9. | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 6 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | , |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | WILSON / | Brian | John |
| | INVENTOR'S | | | Date: |
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| 0 | RESIDENCE & | СІТУ | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| ľ | CITIZENSHIP | Durham | NC | CA |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 7 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
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| | | Five Moore Drive, PO Box 13398 | | |

| COMBINED DECLAI APPLICATION WITH | ATTORNEY'S DOCKE PR60156USw First Names Inventor: CHEUNG Complete if known | | | | |
|---|--|-----------------------------------|---|-------------------------|----------------------|
| () Declaration submitted with initia | l filing or | | | App No.: | |
| () Declaration submitted after initia | l filing (surcharge i | required 37CFR1.16(e)) | | Filing Date | \dashv |
| | | | | Gròup Art Unit: | |
| As below named | d inventor. I here | by declare that: | | • | |
| My residence, post office | address and citiz | zenship are as stated belo | ow next to my name. | | j |
| | | | e is listed below) or an original, f imed and for which a patent is so | | |
| the specification of which | | MIDAZOTRIAZINE (titem below); | COMPOUNDS | | |
| []is attached hereto. OR [x] was filed on | as I Ini | ted States application Se | rial No or PCT I | nternational | |
| Application Number PC | | | I was amended on (MM/DD/YY) | | |
| I hereby state that I have as amended by any amen | | | the above-identified specification | , including the claims | > , |
| I acknowledge the duty to | o disclose informa | ation which is material to | patentability as defined in 37 C | FR §1.56. | |
| I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: | | | | | r's |
| PRIOR FOREIGN AND ANY P | | IMS UNDER 35 U.S.C Country | Foreign Filing Date | PRIORIT | $\overline{\forall}$ |
| Number (s) | | Country | (MM/DD/YYYY)) | CLAIME | |
| 2. | | | | | \dashv |
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| I hereby claim the benefit under T | itle 35, United St | | | cation(s) listed below: | |
| Application No. Filing Date (MM/DD/YYYY) 1. 60/459,293 04/01/2003 | | | | \dashv | |
| 2. | , , , , , | | 70112003 | | \dashv |
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PR60156USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| PRIOR U.S. PARENT APPLICATION | or PCT PARENT APPLICAT | TION | | - |
|---|--|--|-----------------------|-------------------|
| | | | STATUS (Check | one) |
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
| | | | | |
| POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all bus | itor, I hereby appoint the practition siness in the Patent and Trademark | ers associated with the C Office connected therew | Customer Numbers vith | provided below to |

Customer Number 23347 and Customer Number 20462 Direct Telephone Calls to: Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Lorie Ann Morgan **Corporate Intellectual Property** 919-483-8222 GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|-----|---|--------------------------------|--------------------------|----------------------------|
| 2 | OF INVENTOR | CHEUNG | Mui | ł |
| 1 - | INVENTOR'S | Signature | 17242 | Date: |
| | SIGNATURE | 0.00 | | 1 |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| ľ | CITIZENSHIP | Durham | NC | CN |
| 1 | POST OFFICE | POST OFFICE ADDRESS | СІТУ | STATE & ZIP CODE/COUNTRY |
| 1 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| · . | ADDICEOU | Five Moore Drive, PO Box 13398 | rescuren rinnigie rum | Troitin Caronna 27,009, Co |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KING | Nigel | Paul |
| | INVENTOR'S | Signature | rviger | Date: |
| | SIGNATURE | Signature | | Date. |
| 1 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| ľ | CITIZENSHIP | Harlow | Essex, UK | GB |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 2 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| ~ | ADDRESS | Five Moore Drive, PO Box 13398 | Research Triangle Lark | Troitin Caronna 27703, CS |
| | 77.77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| ١ , | FULL NAME | KUNTZ | | |
| 2 | OF INVENTOR | | Kevin | Wayne |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | СПУ | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 1 | CITIZENSHIP | Durham | NC | US |
| | POST OFFICE | POST OFFICE ADDRESS | спу | STATE & ZIP CODE/COUNTRY |
| 3 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |

| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|-----|-------------|----------------------------------|--------------------------|---------------------------|
| 2 | OF INVENTOR | MOOK, Jr. | Robert | |
| 1 - | INVENTOR'S | Signature | Robert | Anthony |
| İ | SIGNATURE | 3/5/14/416 | | Date: |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| l " | CITIZENSHIP | Durham | NC | US |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 4 | ADDRESS | GlaxoSmithKline | | |
| 1 " | ADDRESS | | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | POBANZ | Mark | Andrew |
| | INVENTOR'S | Signature | | Date: 07 / - / /0// |
| | SIGNATURE | Signature | | 07/06/04 |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Westfield | IN | US |
| i | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 5 | ADDRESS | 3845 Earhart Drive | Westfield | Indiana 46074, US |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | SALOVICH | James | Michael |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | • | |
| 0 | RESIDENCE & | СІТҮ | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| i | CITIZENSHIP | Durham | NC | US |
| 1 | POST OFFICE | POST OFFICE ADDRESS | СПУ | STATE & ZIP CODE/COUNTRY |
| 6 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
| | | Five Moore Drive, PO Box 13398 | J | |
| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| . 2 | OF INVENTOR | WILSON | Brian | John |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | CA |
| | POST OFFICE | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| 7 | ADDRESS | GlaxoSmithKline | Research Triangle Park | North Carolina 27709, US |
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| | L | TITE MISSIE DITTE, I O DUX 13370 | | |

| COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY | | | | ATTORNEYS DOCKET PR60156USw First Names Inventor: | |
|--|---|---|--|---|--|
| () Declaration submitted with init | ial filing or | | | CHEUNG Complete if known: App No.: | |
| () Declaration submitted after init | ial filing (surcharge | e required 37CFR1.16(e)) | | Filing Date | |
| | | | ı | Group Art Unit: | |
| As below nam | ed inventor. I he | reby declare that: | | | |
| My residence, post offic | ce address and ci | tizenship are as stated be | low next to my name. | | |
| I believe I am the origin (if plural names are liste entitled: | nal, first and sole ed below) of the s | inventor (if only one nan subject matter which is cl | ne is listed below) or an original, final aimed and for which a patent is sou | rst and joint inventor ught on the invention | |
| the specification of which | ch (check only or | IMIDAZOTRIAZINE ne item below): | COMPOUNDS | | |
| []is attached hereto. OR | | | | | |
| [x] was filed on | as Un | nited States application Se | erial No or PCT In | ternational | |
| Application Number PG | CT/US04/09553 f applicable) | filed March 29, 2004 and | d was amended on (MM/DD/YYY | Y) | |
| I hereby state that I have as amended by any amen | e reviewed and ur ndment specifical | nderstand the contents of ly referred to above. | the above-identified specification, | including the claims, | |
| I acknowledge the duty t | to disclose inform | nation which is material to | o patentability as defined in 37 CF | R §1.56. | |
| inventor's certificate or 365(a) of States of America, listed below ar | any PCT internated have also iden ional application | ional application which on tified below, by checking having a filing date befor | 65(b) of any foreign applications(s) designated at least one country other the box, any foreign application for that of the application on which | er than the United | |
| Prior Foreign Application Number (s) | | Country | Foreign Filing Date | PRIORITY | |
| l. | | | (MM/DD/YYYY)) | CLAIMED | |
| 2. | | | | | |
| 3. | | | | | |
| ł. | | | | | |
| hereby claim the benefit under T | itle 35, United St | ates Code §119(e) of any | United States provisional applica | tion(s) listed below: | |
| Application No. | | | (MM/DD/YYYY) | | |
| . 60/459,293 | | | /01/2003 | | |
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| • | | i | | | |

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PR60156USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| PRIOR U.S. PARENT APPLICATION | or PCT PARENT APPLICAT | TION | *** | |
|---|------------------------------------|--|---|-------------------|
| | | STATUS (Check one) | | |
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
| POWER OF ATTORNEY: As a named inverprosecute this application and to transact all bus Customer Number 23347 and Customer Number | iness in the Patent and Trademark | ers associated with the Office connected there | Customer Numbers | provided below to |
| Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 | | | Direct Telephone Ca Lorie A 919-4 | nn Morgan |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
|---|-------------|--------------------------------|--------------------------|---------------------------|
| 2 | OF INVENTOR | CHEUNG | Mui | SECOND GIVEN NAME/INITIAL |
| 2 | | Signature | Mui | |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | · | |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | CITIZENSHIP | Durham | NC | CN |
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| 2 | OF INVENTOR | KING | Nigel | Paul |
| | INVENTOR'S | Signature | · | Date: 0 17 |
| | SIGNATURE | N. tam | is | 1000 8th July 2004 |
| 0 | RESIDENCE & | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
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| | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| 2 | OF INVENTOR | KUNTZ | Kevin | Wayne |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
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|-----|-------------|--------------------------------|--------------------------|---------------------------|
| | | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | OF INVENTOR | MOOK, Jr. | Robert | Anthony |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
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| 2 | OF INVENTOR | POBANZ | Mark | Andrew |
| | INVENTOR'S | Signature | <u> </u> | Date: |
| | SIGNATURE | | | |
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| 2 | OF INVENTOR | SALOVICH | James | Michael |
| | INVENTOR'S | Signature | | Date: |
| | SIGNATURE | | | |
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| | CITIZENSHIP | Durham | NC | US |
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| 2 | OF INVENTOR | WILSON | Brian | John |
| | INVENTOR'S | Signature | Date: | |
| | SIGNATURE | | | |
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